

**New Jersey Department of Health and Senior Services
Nursing Home Administrators Licensing Board**

**CERTIFICATION OF PROGRAM COMPLETION FOR
NURSING HOME ADMINISTRATOR IN TRAINING PROGRAM
OR ASSISTANT ADMINISTRATOR POSITION**

Mailing Address:
PO Box 367
Trenton, NJ 08625-0367

Overnight Services (UPS, FedEx, Airborne):
120 South Stockton Street, Lower Level
Trenton, NJ 08611-1730

INSTRUCTIONS TO PRECEPTOR: At the conclusion of the training program, please complete this form and forward to the Nursing Home Administrators Licensing Board at either of the two listed addresses.

Name of Applicant		Social Security Number																													
Name of Preceptor (Must be Licensed Nursing Home Administrator)		License Number																													
Name of Licensed Long Term Care Facility Training Site																															
Street Address																															
City, State, Zip		Telephone Number																													
Type of Program <input type="checkbox"/> Administrator-in-Training <input type="checkbox"/> Assistant Administrator		Program Start Date ____ / ____ / ____																													
		Anticipated Completion Date ____ / ____ / ____																													
Hours Completed: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left;"><u>Service Area/Department</u></th> <th style="width: 40%; text-align: center;"><u>Hours</u></th> </tr> </thead> <tbody> <tr><td>1. Resident Activities</td><td style="text-align: center;">_____</td></tr> <tr><td>2. Administration</td><td style="text-align: center;">_____</td></tr> <tr><td>3. Business Office</td><td style="text-align: center;">_____</td></tr> <tr><td>4. Dietary</td><td style="text-align: center;">_____</td></tr> <tr><td>5. Maintenance</td><td style="text-align: center;">_____</td></tr> <tr><td>6. Medical Records</td><td style="text-align: center;">_____</td></tr> <tr><td>7. Nursing</td><td style="text-align: center;">_____</td></tr> <tr><td>8. Social Services</td><td style="text-align: center;">_____</td></tr> <tr><td>9. Environmental (including Housekeeping and Laundry)</td><td style="text-align: center;">_____</td></tr> <tr><td>10. Other (Specify):</td><td style="text-align: center;">_____</td></tr> <tr><td>_____</td><td style="text-align: center;">_____</td></tr> <tr><td>_____</td><td style="text-align: center;">_____</td></tr> <tr><td>TOTAL NUMBER OF HOURS IN TRAINING PROGRAM</td><td style="text-align: center;">_____</td></tr> </tbody> </table>				<u>Service Area/Department</u>	<u>Hours</u>	1. Resident Activities	_____	2. Administration	_____	3. Business Office	_____	4. Dietary	_____	5. Maintenance	_____	6. Medical Records	_____	7. Nursing	_____	8. Social Services	_____	9. Environmental (including Housekeeping and Laundry)	_____	10. Other (Specify):	_____	_____	_____	_____	_____	TOTAL NUMBER OF HOURS IN TRAINING PROGRAM	_____
<u>Service Area/Department</u>	<u>Hours</u>																														
1. Resident Activities	_____																														
2. Administration	_____																														
3. Business Office	_____																														
4. Dietary	_____																														
5. Maintenance	_____																														
6. Medical Records	_____																														
7. Nursing	_____																														
8. Social Services	_____																														
9. Environmental (including Housekeeping and Laundry)	_____																														
10. Other (Specify):	_____																														
_____	_____																														
_____	_____																														
TOTAL NUMBER OF HOURS IN TRAINING PROGRAM	_____																														
Comments																															
(Attach additional sheets if necessary)																															
I certify that the applicant named above has satisfactorily completed this program under my supervision, and I recommend that the applicant be allowed to take the Nursing Home Administrator Licensing Examination.																															
Signature of Preceptor		Date																													